

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006448

1. Entity Name  
GB, L.L.C.

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90120 017 \*\*\*\*50.00

Principal Place of Business  
119 COLONIAL ST SE  
PORT CHARLOTTE FL 33952

Mailing Address  
119 COLONIAL ST SE  
PORT CHARLOTTE FL 33952

2. Principal Place of Business  
1975 Tamiami Trail  
Suite, Apt. #, etc.

3. Mailing Address  
1975 Tamiami Trail  
Suite, Apt. #, etc.

City & State  
Punta Gorda, FL  
Zip  
33950  
Country  
USA

City & State  
Punta Gorda, FL  
Zip  
33950  
Country  
USA

4. FEI Number 65-1021630

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
4501 N TAMiami TRAIL  
SUITE 300  
NAPLES FL 34103

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BAILLARGEON, GILLES  
STREET ADDRESS 119 COLONIAL ST SE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR  
NAME Baillargeon, Linda  
STREET ADDRESS 119 Colonial St SE  
CITY-ST-ZIP Port Charlotte, FL 33952 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Linda Baillargeon* **FILED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/8/02 941-575-7575  
Date Daytime Phone #

CR2E083 (4/02)